



ARIZONA DEPARTMENT OF PUBLIC SAFETY
SECURITY GUARD / PRIVATE INVESTIGATOR
REGISTRATION APPLICATION
Arizona Department of Public Safety
PO Box 6328 Phoenix, AZ 85005-6328

FOR DPS USE ONLY

APPLICATION FOR (Select ONE from this column)

SECURITY GUARD

- ☐ Initial unarmed application
☐ Renewal unarmed application ¹
☐ Initial armed application ²
☐ Renewal armed application
☐ Upgrade to armed application ²
☐ Duplicate armed application
☐ Associate application initial / renewal ³

PRIVATE INVESTIGATOR

- ☐ Initial employee application
☐ Renewal employee application
☐ Associate application initial / renewal ³

¹ Part A is **NOT** required.
(UNARMED RENEWAL ONLY)

² Armed applicants with military
experience **MUST** attach a copy
of DD214.

³ Associate is defined as partner,
corporate officer / director or
LLC member / manager.

INSTRUCTIONS

1. Complete the application BEFORE mailing.
2. PRINT or TYPE ALL INFORMATION requested.
3. Fill in all spaces. Print "DNA" for "does not apply" in those areas which you have no information to provide.
4. Mail this application, fingerprint card, appropriate training form(s), photographs, and fees to the Arizona Department of Public Safety Licensing Unit. (see address above)
5. Application must be signed. Unsigned applications will be returned.
6. See fee schedule for current fees. All employers have fee schedules.

PART A EMPLOYER / LICENSEE TO COMPLETE THIS SECTION					
AGENCY NAME:			AGENCY LICENSE NUMBER:		EXPIRATION DATE:
BUSINESS STREET ADDRESS:		SUITE:	CITY:	STATE	ZIP CODE
					BUSINESS PHONE NUMBER
By signing below, I certify that I intend to employ the applicant named below, after his / her application has been processed and approved by the Arizona Department of Public Safety.					
Printed Name			Title		
Authorizing Signature			Date		
					FOR DPS USE ONLY: <input type="checkbox"/> Agency <input type="checkbox"/> Active <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Insurance

PART B EMPLOYEE / APPLICANT TO COMPLETE THIS SECTION					
LAST NAME		FIRST NAME		MIDDLE NAME	
LIST OTHER NAME(S) YOU HAVE USED				SOCIAL SECURITY NUMBER	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM / DD / YYYY)	STATE / COUNTRY OF BIRTH		HOME PHONE NUMBER	CELL PHONE NUMBER
HOME STREET ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (STREET OR P.O. BOX)		APT. NO.	CITY	STATE	ZIP CODE
PHYSICAL DESCRIPTION →	HEIGHT FT. IN.		WEIGHT LBS.		EYE COLOR
					HAIR COLOR
YOU MUST SIGN THIS APPLICATION! UNSIGNED APPLICATIONS WILL BE RETURNED! I certify that all of the information and statements on this form are true and correct. I understand that I may be charged with a criminal offense for making false statements or omitting information on this application.					
X Applicant's Signature			Date		

FOR AZ DPS USE ONLY		FOR AZ DPS USE ONLY		FOR AZ DPS USE ONLY	
DATE ISSUED		EXPIRATION DATE		STATE LICENSE NUMBER	
DATE		REMARKS			